

State Motor Vehicle Commute Charge Certification of Exemption

Institution _____

State Government License Plate Number _____

Vehicle Identification Number _____

Assigned Driver _____
Last Name First Name Middle Name

The above-listed University/State motor vehicle and assigned driver are certified to be exempt from the State Vehicle Commute Charge for the reason indicated below:

_____ **Exemption 1** Assigned vehicle is not used to commute and remains overnight at Institution.

_____ **Exemption 2** Vehicle is assigned to an employee whose duties are primarily field assignments and who reports to a designated office an average of once a week or less as certified by the Institutional President.

_____ **Exemption 3** Vehicles with specialized equipment necessary for response to emergency needs or other essential requirements that are assigned to a driver who is subject to call at times other than normal working hours and who has been actually called a sufficient number of times under these circumstances to warrant exemption.

a. List of specialized equipment

b. Number of times employee was required to respond to after-hours emergency requiring use of this equipment in past 12 months with brief description of emergencies

The undersigned certify that the above statements are accurate and agree to make timely notification to the University Fleet Administrator in the event that a change in assignment or experience occurs that nullifies the accuracy of this exemption.

Assigned Employee Date

Department Head Date

Reviewed by Institutional Fleet Coordinator Date